



CITY OF BEAVERTON PUBLIC WORKS DEPARTMENT
 4755 SW Griffith Dr./P.O. Box 4755 Beaverton, OR 97076 General Information: (503) 526-2552 Fax: (503) 526-3720

**SITE DEVELOPMENT DIVISION
 RIGHT OF WAY PERMIT APPLICATION**

PROJECT SCHEDULE AND LOCATION	DATE(S) WORK SCHEDULED:		FEES	
	TIME SCHEDULED:		ALL PROJECTS: APPLICATION FEE \$ 75.00	
	ADDRESS:			
			<i>All work in the Right-Of-Way must include Itemized Cost Estimate & Site Construction Plans. Submit Traffic Control Plan for work within Collector & Arterial Streets.</i>	
OWNER OF PROPERTY REQUESTING PERMIT	NAME & ADDRESS:		Cost Estimate: \$	
			If cost estimate is under \$10,000 use Table A	
			If cost estimate is over \$10,000 use Table B	
	CONTACT:		TABLE A	
	PHONE: FAX:		7.5 % of Cost Estimate: \$ _____	
CONTRACTOR If Applicable	EMAIL:		(If fee is less than \$75, Min. Inspection Fee is \$75)	
	NAME & ADDRESS:		TABLE B	
	CONTACT:		For projects more than \$ 10,000, the additional permit fee is	
	PHONE: FAX:		calculated by City Staff based on the submitted cost estimate.	
ENGINEER If Applicable	LICENSE NO.		FINAL FEES	
	NAME & ADDRESS:		Application Fee due: \$ 75.00 (payable with application)	
			Total Additional Fee Due: \$ _____	
	CONTACT:		(from Table A or B above)	
	PHONE: FAX:		TOTAL DUE THIS PERMIT: \$ _____	
This work will Involve: Check / Circle All That Apply	EMAIL:		(Max. Amt. to Charge on Credit Card is \$1,000.00)	
	LICENSE NO.		PERFORMANCE SECURITY	
	Sidewalk / Driveway	<input type="checkbox"/>	Length:	All work in the street OR projects over \$1,000 , require a performance security for 100% of the cost estimate in form of cash or check due prior to permit issuance. No Credit Card can be used for Performance Security. Total Security Due: \$ _____
	Street Cut	<input type="checkbox"/>		
	Curb Cut	<input type="checkbox"/>		
Pipe Tap	<input type="checkbox"/>			
Road Bore- Potholing	<input type="checkbox"/>	Call 811 for Utility Locates	INSPECTIONS	
T-Cut / Saw Cut	<input type="checkbox"/>			
Trench	<input type="checkbox"/>			
Disturbing Landscape		<input type="checkbox"/>	Call (503) 526-2400 to request Inspection 24 hours prior to work	

****PLEASE ALLOW (3) DAYS TO PROCESS THIS APPLICATION UNLESS AN EMERGENCY****

By my signature, I certify that I have read this application and agree that the supplied information above is correct. I agree to comply with all applicable City ordinances and State laws pertaining to the proposed construction and hereby authorize City representatives to enter upon the above property for inspection purposes. I understand and agree to pay all costs to repair or replace any property damaged while work is being performed under this permit and acknowledge that failure to pay these costs when due will constitute a violation of the terms of the permit and the City may avail itself to any and all legal remedies.

Authorized Signature: _____ Date: _____